

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		11-23-01
O.I.P.E. CLASSIFIER		43	12/1/01
FORMALITY REVIEW	H.T	913	12/08/01
RESPONSE FORMALITY REVIEW			

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# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

5C-859  
 12/14  
 12/28/01